



## Hayward Water System Automatic Payments Authorization Form

Make your bi-monthly Hayward Water System payment automatically and electronically from your checking or savings account. Free yourself of check writing, and avoid late fees. To enroll, follow these easy steps:

1. Complete this form with your Hayward Water System account information, Financial Institution information, and signature.
2. Enclose a blank check (checking account) or deposit slip (savings account) from the account you would like debited, and mark **VOID**.
3. Mail this form and your blank check or deposit slip to the address indicated below, scan and email to [hss@hayward-ca.gov](mailto:hss@hayward-ca.gov), drop it off at the Revenue Division located inside City Hall, or simply return with your next utility bill payment.

### Hayward Water System (HWS) Customer Information:

Name on HWS Account: \_\_\_\_\_

HWS Account Number: \_\_\_\_\_ HWS Customer Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

### Financial Institution Information:

Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Routing Number: 

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 (Always 9 digits.)

Account Number: 

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\*Note – Please confirm with your banking institution that your account can accept ACH Debits, and that you have provided the correct routing number for ACH transactions.

NAME		0123
ADDRESS		01-23456789
CITY, STATE, ZIP		
DATE		
PAY TO THE ORDER OF		\$
BANK NAME		
ADDRESS		
CITY, STATE, ZIP		
FOR		
0123456789 01234567890123 0123		
Routing Number		Account Number

I hereby authorize the Hayward Water System (hereinafter called HWS) to initiate debit entries to my checking / savings account indicated above at the depository financial institution named above (hereinafter called Depository), and to debit the same to such account. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify HWS in writing of any changes in my account information or termination of this authorization at least 10 business days before the desired change should take effect. I understand that the electronic debit will be submitted to Depository no less than three business days before the delinquent date on my bi-monthly utility bill, and this date will change with each bill. Also, it can take up to two billing cycles for automatic payments to be initiated on my account, and I will still be liable for payment on my account until notified that automatic payments have begun. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that HWS may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF. I also acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law. By signing below, I represent and warrant that I am legally authorized to access funds from the account specified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check that you have included:

- ☐ Automatic Payments Authorization Form  
☐ Voided check or savings withdrawal slip

Questions about this form?  
Call (510) 583-4600, or email [hss@hayward-ca.gov](mailto:hss@hayward-ca.gov).